Image# 14961651823 PAGE 1 / 63

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

1 OTTIM OX	For Other Than An A	authorized Committe	e	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	g, type 12FE4M5	
OMNICARE, INC. PC	PLITICAL ACTION C	COMMITTEE		
ADDRESS (number and street)	900 OMNICARE CENTE	ER		
Check if different	201 E FOURTH STREE	T 		
than previously reported. (ACC)	CINCINNATI		ОН	45202
2. FEC IDENTIFICATION N	IUMBER ▼	CITY	STATE ▲	ZIP CODE ▲
C C00392886	3.	IS THIS X N		MENDED
4. TYPE OF REPORT (Choose One)	Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:				20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4) J	ul 20 (M7) Oct	20 (M10) Jan 31 (YE)
Quarterly Report ((c) 12-Day	Primary (12P)	General	(12G) Runoff (12R)
October 15	Report for the	e: Convention (1	2C) Special (12S)
Quarterly Report (January 31 Year-End Report (Fla	ection on	D D / Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d) 30-Day	n General (30G) Runoff (3	Special (30S)
Termination Repor	Report for the	e:		in the
(TER)	Ele	ection on		State of
	04 01 201	4 through	06 30	2014
I certify that I have examined to	this Report and to the best	t of my knowledge and b	elief it is true, correct and	d complete.
Type or Print Name of Treasur	rer Donna Lecky			
Signature of Treasurer Don	nna Lecky	[Electronically	Filed] Date 07	/ 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erro	neous, or incomplete informa	ation may subject the pers	on signing this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use				FEC FORM 3X Rev. 12/2004
l I Only I	ı	ı l	ı	1

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

OMNICARE, INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 01 2014 To: 06 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2014		84338.44
(b) Cash on Hand at Beginning of Reporting Period	82717.03	
(c) Total Receipts (from Line 19)	11647.60	26266.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94364.63	110604.92
Total Disbursements (from Line 31)	8428.52	24668.81
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	85936.11	85936.11
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	January 1, 2014 (b) Cash on Hand at Beginning of Reporting Period	(a) Cash on Hand January 1, 2014 (b) Cash on Hand at Beginning of Reporting Period

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

OMNICARE, INC. POLITICAL ACTION COMMITTEE

cother than loans) From: s/Persons Other tical Committees ed (use Schedule A)	COLUMN A Total This Period 7507.00 4140.60 11647.60 0.00 11647.60	COLUMN B Calendar Year-to-Date 12095.08 14171.40 26266.48 0.00 0.00
s/Persons Other tical Committees ed (use Schedule A)	, 4140.60 11647.60 0.00	14171.40 26266.48 0.00 0.00
tical Committees red (use Schedule A) mized	, 4140.60 11647.60 0.00	14171.40 26266.48 0.00 0.00
mized	, 4140.60 11647.60 0.00	14171.40 26266.48 0.00 0.00
nized	, 4140.60 11647.60 0.00	14171.40 26266.48 0.00
L (add 11(a)(i) and (ii)	0.00 0.00	26266.48 0.00 0.00
Party Committees itical Committees PACs) tributions (add Lines (b), and (c)) (Carry Line 33, page 5)	0.00	0.00
ritical Committees PACs) tributions (add Lines (b), and (c)) (Carry Line 33, page 5)	0.00	0.00
PACs)tributions (add Lines (b), and (c)) (Carry Line 33, page 5)		
(b), and (c)) (Carry Line 33, page 5)	11647.60	26266.49
Line 33, page 5)▶	11647.60	26266.49
n Affiliated/Other		20200.40
ees	0.00	0.00
eived	0.00	0.00
ents Received	0.00	0.00
	7	7
pates, etc.)		
o Line 37, page 5)	0.00	0.00
ontributions Made		
ndidates and Other		
nittees	0.00	0.00
Receipts		
terest, etc.)	0.00	0.00
Non-Federal and Levin Funds		
nedule H3)	0.00	0.00
	0.00	0.00
ds (from Schedule H5)	0.00	0.00
sfers (add 18(a) and 18(b))	0.00	0.00
	ents Received	ents Received

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: — (a) Allocated Federal/Non-Federal Activity (from School III)		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures(c) Total Operating Expenditures	0.00	240.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	240.29
Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	8000.00	24000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures	200	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Lagra Mada	0.00	0.00
Loans Made	0.00	7
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	200	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	428.52	428.52
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	200	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8428.52	24668.81
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	9429 52	24668.81
from Line 31)	8428.52	2408.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	11647.60	26266.48
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11647.60	26266.48
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	240.29
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	240.29

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	. ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) 1. Todd Anderson		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	Ctoto 7:- O. d.	05 23 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation Pharmacy General Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Todd Anderson Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cincinnati	OH 45202	Transaction ID: SA11AI.7956 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Todd Anderson Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City Cincinnati	State Zip Code OH 45202	06 20 2014 Transaction ID : SA11AI.8038 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional).		60.00
TOTAL This Period (last page this line number	<u> </u>	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Michael J Arnold		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		04
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7615 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer Omnicare, Inc.	Occupation VP, Sales and Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Michael J Arnold Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, Sales and Marketing Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Michael J Arnold		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7787 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, Sales and Marketing Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional).	•	120.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Michael J Arnold		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7874 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	İ
Omnicare, Inc.	VP, Sales and Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Michael J Arnold Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		06 062014
City	State Zip Code OH 45202	Transaction ID : SA11AI.7957
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Sales and Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) C. Michael J Arnold		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8039 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Sales and Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	520.00	
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	120.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Darold R Barnes		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		04 11 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7616 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc.	Occupation Regional Service Area Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) 3. Darold R Barnes Mailing Address 201 E. Fourth Street 900 Omnicare Center	State 7in Code	Date of Receipt 04 25 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7702 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Regional Service Area Director Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Darold R Barnes Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City Cincinnati	State Zip Code OH 45202	05 09 2014 Transaction ID : SA11AI.7788 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc. Receipt For: □ Primary □ General Other (specify) ▼	Occupation Regional Service Area Director Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		120.00
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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Darold R Barnes		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 23 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7875 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc.	Occupation Regional Service Area Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Darold R Barnes Mailing Address 201 E. Fourth Street 900 Omnicare Center	Date of Receipt 06 06 2014	
City Cincinnati	State Zip Code OH 45202	Transaction ID: SA11AI.7958 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Regional Service Area Director Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Darold R Barnes Mailing Address 201 E. Fourth Street		Date of Receipt
201 E. Fourth Street 900 Omnicare Center City Cincinnati	State Zip Code OH 45202	06 20 2014 Transaction ID : SA11AI.8040
FEC ID number of contributing federal political committee.	C 43202	Amount of Each Receipt this Period 40.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Regional Service Area Director Aggregate Year-to-Date ▼ 520.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	·	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Alan R Bell		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7876 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation Sr. Director, Clinical Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Alan R Bell Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cincinnati	OH 45202	Transaction ID : SA11AI.7959 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sr. Director, Clinical Services Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Alan R Bell		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8041 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sr. Director, Clinical Services Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	<u> </u>	

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Barry R Bress Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45202 C Occupation VP, Retail Pharmacy Operations Aggregate Year-to-Date ▼ 220.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Barry R Bress Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45202 C Occupation VP, Retail Pharmacy Operations Aggregate Year-to-Date ▼ 240.00	Date of Receipt 06 06 2014 Transaction ID: SA11AI.7962 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Barry R Bress Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) General	State Zip Code OH 45202 C Occupation VP, Retail Pharmacy Operations Aggregate Year-to-Date ▼ 260.00	Date of Receipt 06 20 2014 Transaction ID: SA11AI.8044 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	60.00

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	statements may not be sold or used by any persolation and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Mark P Celebre Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center	Stato 7:- Co-1-	05 23 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7881
FEC ID number of contributing federal political committee.	C 45202	Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Customer Service Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Mark P Celebre		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 7in Code	06 06 2014 TOOL
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7964
_	U1 402U2	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Customer Service Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Mark P Celebre		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code OH 45202	Transaction ID : SA11AI.8046
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Customer Service Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional)	•	60.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Jeremy T Colvin		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	State 7:- Ond-	05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7882
Cincinnati	O11 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, LTC Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) 3. Jeremy T Colvin		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		06 06 2014
City	State Zip Code	Transaction ID : SA11AI.7965
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, LTC Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) . Jeremy T Colvin		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8047
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, LTC Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional)	•	60.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. William S Douglas		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		04 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7627
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) William S Douglas Mailing Address 201 E. Fourth Street	Date of Receipt	
900 Omnicare Center City	State Zip Code	04 25 2014 Transaction ID 20444 1 7742
Cincinnati	OH 45202	Transaction ID : SA11AI.7713
FEC ID number of contributing federal political committee.	C 43202	Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) . William S Douglas		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code OH 45202	Transaction ID: SA11AI.7799
Cincinnati FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	150.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) A. William S Douglas		Date of Receipt			
Mailing Address 201 E. Fourth Street 900 Omnicare Center	Chat	05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7885 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer Omnicare, Inc.	Occupation Sr. Director, Government Affairs				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 550.00				
Full Name (Last, First, Middle Initial) William S Douglas Mailing Address 201 E. Fourth Street 900 Omnicare Center City	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7968 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sr. Director, Government Affairs Aggregate Year-to-Date ▼ 600.00				
Full Name (Last, First, Middle Initial) William S Douglas Mailing Address 201 E. Fourth Street	1	Date of Receipt			
900 Omnicare Center	01.11	06 20 7 2014			
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8050 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer Omnicare, Inc. Receipt For:	Occupation Sr. Director, Government Affairs Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	650.00				
SUBTOTAL of Receipts This Page (optional).		150.00			
TOTAL This Period (last page this line number	er only)				

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/	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Robert E Dries Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation SVP, Financial Operation-LTC Aggregate Year-to-Date ▼ 800.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Robert E Dries Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation SVP, Financial Operation-LTC Aggregate Year-to-Date ▼ 900.00	Date of Receipt 04 25 2014 Transaction ID: SA11AI.7714 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Robert E Dries Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation SVP, Financial Operation-LTC Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 05 09 2014 Transaction ID: SA11AI.7800 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional).	<u> </u>	300.00

Use separate schedule(s) for each category of the Detailed Summary Page

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Robert E Dries		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 23 2014
City	State Zip Code	Transaction ID : SA11AI.7886
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Omnicare, Inc.	SVP, Financial Operation-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Robert E Dries Mailing Address 224 5 5 5 ct 1 2 ct 1	Date of Receipt	
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	06 06 2014 Transaction ID : \$A11A1 7969
Cincinnati	OH 45202	Transaction ID : SA11AI.7969 Amount of Each Receipt this Period
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FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Omnicare, Inc.	SVP, Financial Operation-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial) C. Robert E Dries		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 2014
City	State Zip Code	Transaction ID : SA11AI.8051
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Omnicare, Inc.	SVP, Financial Operation-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Nggrogato roar-to-Date ▼	
Other (specify) ▼	1300.00	
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Brian W Egan Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 220.00	Date of Receipt M M
Brian W Egan Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 240.00	Date of Receipt 06 06 2014 Transaction ID : SA11AI.7970 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Brian W Egan Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 260.00	Date of Receipt 06 20 2014 Transaction ID: SA11AI.8052 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	· only)	

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	_ ACTION COMMITTEE					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address 201 E. Fourth Street 900 Omnicare Center		04 11 2014				
City	State Zip Code	Transaction ID : SA11AI.7630				
Cincinnati	OH 45202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation					
Omnicare, Inc.	SVP, Clinical Services					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify)	800.00					
Full Name (Last, First, Middle Initial) 3. W Erwin						
Mailing Address 201 E. Fourth Street	M = M / D = D / Y = Y = Y					
900 Omnicare Center	04 25 2014					
Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7716				
Cincinnati	OH 45202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	100.00				
Name of Employer	Occupation					
Omnicare, Inc.	SVP, Clinical Services					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	900.00					
Full Name (Last, First, Middle Initial) . W Erwin	·	Date of Receipt				
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.7802				
Cincinnati	OH 45202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation					
Omnicare, Inc.	SVP, Clinical Services					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	1000.00					
Other (specify) ▼	1000.00					
SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00				
TOTAL This Period (last page this line numb	er only)					

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	. ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 23 2014
City	State Zip Code	Transaction ID : SA11AI.7888
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Omnicare, Inc.	SVP, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) 3. W Erwin		Date of Receipt
Mailing Address 201 E. Fourth Street	M = M / D = D / Y = Y = Y	
900 Omnicare Center	Ctoto 7:- O-J-	06 06 2014
City	State Zip Code OH 45202	Transaction ID : SA11AI.7971
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Omnicare, Inc.	SVP, Clinical Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial)		
. W Erwin		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 2014
City	State Zip Code	Transaction ID : SA11AI.8053
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Omnicare, Inc.	SVP, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1300.00	
SUBTOTAL of Receipts This Page (optional).	•	300.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) James G Flood Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing	State Zip Code OH 45202	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Omnicare, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation VP, Government Affairs Aggregate Year-to-Date ▼ 1536.00	102.00
Full Name (Last, First, Middle Initial) James G Flood Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Government Affairs Aggregate Year-to-Date ▼ 1728.00	Date of Receipt 04 25 2014 Transaction ID: SA11AI.7718 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) James G Flood Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Government Affairs Aggregate Year-to-Date ▼	Date of Receipt 05 09 2014 Transaction ID: SA11AI.7804 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	•	576.00
TOTAL This Period (last page this line number	only)	

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Full Name (Last, First, Middle Initial) James G Flood Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee.	State Zip Code OH 45202 C	Date of Receipt 05 23 2014 Transaction ID : SA11AI.7890 Amount of Each Receipt this Period
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	VP, Government Affairs Aggregate Year-to-Date ▼ 2112.00	
Full Name (Last, First, Middle Initial) James G Flood Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Government Affairs Aggregate Year-to-Date ▼ 2304.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) James G Flood Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Government Affairs Aggregate Year-to-Date ▼ 2496.00	Date of Receipt 06 20 2014 Transaction ID: SA11AI.8055 Amount of Each Receipt this Period 192.00
SUBTOTAL of Receipts This Page (optional)		576.00

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Robert Foley		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7891 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation Pharmacy General Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Robert Foley Mailing Address 201 E. Fourth Street 900 Omnicare Center City	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Cincinnati	State Zip Code OH 45202	Transaction ID: SA11AI.7974 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Robert Foley		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	State 7in Code	06 20 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8056 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	<u> </u>	

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	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Steven Gates Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, FP&A Group Aggregate Year-to-Date 220.00	Date of Receipt 05 23 2014 Transaction ID : SA11AI.7892 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Steven Gates Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, FP&A Group Aggregate Year-to-Date ▼ 240.00	Date of Receipt 06 06 2014 Transaction ID: SA11AI.7975 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Steven Gates Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, FP&A Group Aggregate Year-to-Date ▼ 260.00	Date of Receipt 06 20 2014 Transaction ID: SA11AI.8057 Amount of Each Receipt this Period 20.00
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Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Ivan Gordon Mailing Address 204 F. Faurth Street		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 23 2014
City	State Zip Code	Transaction ID : SA11AI.7895
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Ivan Gordon		Date of Receipt
Mailing Address 201 E. Fourth Street	M = M / D = D / Y = Y = Y	
900 Omnicare Center City	State Zip Code	06 06 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.7978
	TOLOL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Ivan Gordon	, , , , , , , , , , , , , , , , , , , ,	Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code OH 45202	Transaction ID : SA11AI.8060
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	60.00
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27 OF 63 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Terry Harris Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 04 2014 City Zip Code State Transaction ID: SA11AI.7639 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Omnicare. Inc. Sr. Director, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Terry Harris Date of Receipt Mailing Address 201 E. Fourth Street 900 Omnicare Center 04 25 2014 City State Zip Code Transaction ID: SA11AI.7725 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Terry Harris Date of Receipt Mailing Address 201 E. Fourth Street 09 05 2014 900 Omnicare Center City Zip Code State Transaction ID: SA11AI.7811 OH Cincinnati 45202 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Omnicare, Inc. Sr. Director, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) 1. Terry Harris		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7897 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Omnicare, Inc.	Occupation Sr. Director, Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Terry Harris Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt 06 06 2014 Transaction ID: SA11AI.7980
Cincinnati FEC ID number of contributing	OH 45202	Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	40.00
Omnicare, Inc. Receipt For: Primary General Other (specify)	Sr. Director, Operations Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Terry Harris Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City Cincinnati	State Zip Code OH 45202	06 20 2014 Transaction ID : SA11AI.8062 Amount of Each Propert this Period
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 40.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sr. Director, Operations Aggregate Year-to-Date ▼ 520.00	
SUBTOTAL of Receipts This Page (optional)	>	120.00
TOTAL This Period (last page this line numb	<u>·</u>	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL		
Full Name (Last, First, Middle Initial) A. Hal Henderson		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		04 11 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7640 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Omnicare, Inc.	Occupation Regional Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Hal Henderson Mailing Address 201 E. Fourth Street 900 Omnicare Center	Stata Zin Codo	Date of Receipt 04 25 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7726 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Regional Vice President Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Hal Henderson	1	Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	05 09 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.7812 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Regional Vice President Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional).		150.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Hal Henderson		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7898 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Omnicare, Inc.	Occupation Regional Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Hal Henderson Mailing Address 201 E. Fourth Street 900 Omnicare Center	Olate T. C. :	Date of Receipt 06 06 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Omnicare, Inc. Receipt For: Primary General	Occupation Regional Vice President Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Hal Henderson		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8063 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Omnicare, Inc. Receipt For: Primary General	Occupation Regional Vice President Aggregate Year-to-Date ▼	
Other (specify)	650.00	
SUBTOTAL of Receipts This Page (optional).	>	150.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL		
Full Name (Last, First, Middle Initial) A. Klaus M Hieber		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7899 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer Omnicare, Inc.	Occupation VP & GM PBM Plus	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Klaus M Hieber Mailing Address 201 E. Fourth Street 900 Omnicare Center		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7982 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer Omnicare, Inc.	Occupation VP & GM PBM Plus	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Lagrange Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8064 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc. Receipt For:	Occupation VP & GM PBM Plus	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional).	>	60.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial) Susan J Klem Mailing Address 204 F. Fourth Street		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 23 2014
City	State Zip Code	Transaction ID : SA11AI.7903
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) 3. Susan J Klem		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 7in Codo	06 06 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7986
	45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Susan J Klem		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.8068
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Clinical Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional)	•	60.00
TOTAL This Period (last page this line number of	only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL		
Full Name (Last, First, Middle Initial) A. Robert O Kraft		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		04
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7648 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Omnicare, Inc.	Occupation CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Robert O Kraft Mailing Address 201 E. Fourth Street 900 Omnicare Center	State 7in Code	Date of Receipt 04 25 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7734 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation CFO Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) C. Robert O Kraft		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7820 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Omnicare, Inc. Receipt For: Primary General	Occupation CFO Aggregate Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	1000.00	300.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	_ ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) A. Robert O Kraft		Date of Receipt				
Mailing Address 201 E. Fourth Street 900 Omnicare Center	05 23 2014					
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7905 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer Omnicare, Inc.	Occupation CFO					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00					
Full Name (Last, First, Middle Initial) Robert O Kraft Mailing Address 201 E. Fourth Street 900 Omnicare Center		Date of Receipt 06 06 2014				
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7988 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	100.00				
Name of Employer Omnicare, Inc. Receipt For:	Occupation CFO					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00					
Full Name (Last, First, Middle Initial) Robert O Kraft		Date of Receipt				
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8070 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer Omnicare, Inc. Receipt For:	Occupation CFO					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00					
SUBTOTAL of Receipts This Page (optional)		300.00				
TOTAL This Period (last page this line numb	er only)					

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FOR LINE NUMBER:					PAGE	: 3	35	OF		63	
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	he name and address of any political committee to				
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) A. Donna Lecky		Date of Receipt			
Mailing Address 201 E. Fourth Street 900 Omnicare Center		04 11 2014			
City	State Zip Code	Transaction ID : SA11AI.7652			
Cincinnati	OH 45202	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	40.00			
Name of Employer	Occupation				
Omnicare, Inc.	Treasurer				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00				
Full Name (Last, First, Middle Initial) Donna Lecky Mailing Address 201 E. Fourth Street 900 Omnicare Center		Date of Receipt 04 25 _ 2014 _			
City	State Zip Code	Transaction ID : SA11AI.7738			
Cincinnati	OH 45202	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	40.00			
Name of Employer	Occupation				
Omnicare, Inc.	Treasurer				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00				
Full Name (Last, First, Middle Initial) Donna Lecky		Date of Receipt			
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11AI.7824			
Cincinnati	OH 45202	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	40.00			
Name of Employer	Occupation				
Omnicare, Inc.	Treasurer				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	400.00				
SUBTOTAL of Receipts This Page (optional).	<u> </u>	120.00			
TOTAL This Period (last page this line number	er only)				

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL					
Full Name (Last, First, Middle Initial) 1. Donna Lecky		Date of Receipt			
Mailing Address 201 E. Fourth Street 900 Omnicare Center	05 23 2014				
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7909 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	40.00			
Name of Employer Omnicare, Inc.	Occupation Treasurer				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00				
Full Name (Last, First, Middle Initial) Donna Lecky Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Cincinnati FEC ID number of contributing	OH 45202	Transaction ID: SA11AI.7992 Amount of Each Receipt this Period			
federal political committee.	C	40.00			
Name of Employer Omnicare, Inc.	Occupation Treasurer				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00				
Full Name (Last, First, Middle Initial) Donna Lecky		Date of Receipt			
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8074 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	40.00			
Name of Employer Omnicare, Inc. Receipt For:	Occupation Treasurer Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	520.00				
SUBTOTAL of Receipts This Page (optional).	>	120.00			
TOTAL This Period (last page this line number	er only)				

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	. ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Michael J List		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	0).4	05
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7911 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer Omnicare, Inc.	Occupation Dispensing Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Michael J List Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Dispensing Pharmacist Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Michael J List		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	7. 2	06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8076 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General	Occupation Dispensing Pharmacist Aggregate Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).	260.00	60.00
TOTAL This Period (last page this line number	er only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) 1. John J Lockard		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 23 2014
City	State Zip Code	Transaction ID : SA11AI.7912
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) 3. John J Lockard Mailing Address 204 F. Fourth Street		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 06 2014
City 900 Omnicare Center	State Zip Code	7 Transaction ID : SA11AI.7995
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) John J Lockard		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8077
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional)	•	60.00
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	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Nancy J Losben Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee.	State Zip Code OH 45202	Date of Receipt 05 23 2014 Transaction ID : SA11AI.7913 Amount of Each Receipt this Period
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Chief Quality Officer Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Nancy J Losben Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Chief Quality Officer Aggregate Year-to-Date ▼	Date of Receipt 06 06 2014 Transaction ID: SA11AI.7996 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Nancy J Losben Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Chief Quality Officer Aggregate Year-to-Date ▼ 260.00	Date of Receipt 06 20 2014 Transaction ID : SA11AI.8078 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)	>	60.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Stephen J Rappa		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7926 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Omnicare, Inc.	Occupation VP, Pharmacy Operations-LTC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Stephen J Rappa Mailing Address 201 E. Fourth Street 900 Omnicare Center City	Date of Receipt 05 30 2014 Transaction ID: SA11AI.7954	
Cincinnati FEC ID number of contributing federal political committee.	State Zip Code OH 45202	Amount of Each Receipt this Period
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Stephen J Rappa Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cincinnati FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period
Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 230.00	
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line number	r only)	

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		13		14		15	16		17

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Stephen J Rappa		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8036
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) 3. Stephen J Rappa		Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y
900 Omnicare Center	State 7in Code	06 20 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8091
	43202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Stephen J Rappa		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8118
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line number	· only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Amy Roberts		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 23 2014
City	State Zip Code	Transaction ID : SA11AI.7927
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sales Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Amy Roberts Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City	State Zip Code	06 06 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.8010
FEC ID number of contributing federal political committee.	C 43202	Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sales Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Amy Roberts		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8092
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sales Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	60.00
TOTAL This Period (last page this line numb	er only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Thomas Schleigh Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee.	State Zip Code OH 45202	Date of Receipt O4 11 2014 Transaction ID : SA11AI.7671 Amount of Each Receipt this Period
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Thomas Schleigh Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 360.00	Date of Receipt M M J 25 2014 Transaction ID : SA11AI.7757 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Thomas Schleigh Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 400.00	Date of Receipt 05 09 2014 Transaction ID : SA11AI.7843 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	120.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial) Thomas Schleigh Mailing Address 201 F. Fourth Street		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center	State 7in Code	05 23 2014 TO 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7928
Cincinnati	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	440.00	
Full Name (Last, First, Middle Initial) Thomas Schleigh		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center	State 7'- C 1	06 06 2014
City	State Zip Code	Transaction ID : SA11AI.8011
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) C. Thomas Schleigh		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 2014
City	State Zip Code	Transaction ID : SA11AI.8093
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	520.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number of	only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	_ ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Rolf Schrader		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		04 11 2014
City	State Zip Code	Transaction ID : SA11AI.7672
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial) Rolf Schrader		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zin Code	04 25 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7758
	43202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	
Omnicare, Inc.	Pharmacy General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) C. Mark Schroder	·	Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 23 2014
City	State Zip Code	Transaction ID : SA11AI.7929
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to bate ¥	
Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optional)		100.00
TOTAL This Period (last page this line numb	per only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Mark Schroder		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 06 2014
City	State Zip Code	Transaction ID : SA11AI.8012
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mark Schroder Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center		06 20 2014
City	State Zip Code	Transaction ID : SA11AI.8094
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Pharmacy Operations-LTC	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Thomas Jr Stieritz		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 23 2014
City	State Zip Code	Transaction ID : SA11AI.7932
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP & GM excelleRx	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	60.00
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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) 1. Thomas Jr Stieritz		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		M = M / D = D / Y = Y = Y = Y = O6 06 2014
City	State Zip Code	Transaction ID : SA11AI.8015
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP & GM excelleRx	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date 240.00	
Full Name (Last, First, Middle Initial) Thomas Jr Stieritz Mailing Address 204 F. Faurth Street		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	06 20 2014
Cincinnati	OH 45202	Transaction ID : SA11AI.8097
_	70202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP & GM excelleRx	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) C. Robin Taylor		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 23 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.7934
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	Sr. Director, Account Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	gg. ogato Toal to Date ▼	
Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optional)		60.00
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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL		o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robin Taylor Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Account Management Aggregate Year-to-Date ▼ 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robin Taylor Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Sr. Director, Account Management Aggregate Year-to-Date ▼ 260.00	Date of Receipt M M M / 20 2014 Transaction ID: SA11Al.8098 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Daniel A Thomas Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify) General	State Zip Code OH 45202 C Occupation VP & GM RxCrossroads Aggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	60.00

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8018
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP & GM RxCrossroads	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Daniel A Thomas		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center City	State Zip Code	06 20 2014
City Cincinnati	OH 45202	Transaction ID : SA11AI.8100
_		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP & GM RxCrossroads	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) C. Gina J. Timmons		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 23 2014
City	State Zip Code	Transaction ID : SA11AI.7937
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Customer Facing Technology	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	33 3	
Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optional)		60.00
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Gina J. Timmons		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		M = M / D = D / Y = Y = Y = Y = O6 06 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8019 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation VP, Customer Facing Technology	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Gina J. Timmons Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cincinnati FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period 20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, Customer Facing Technology Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Thomas Tucker Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cincinnati FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period 25.00
Name of Employer Omnicare, Inc. Receipt For: Primary Other (specify)	Occupation Regional Service Area Director Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)	•	65.00
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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) 1. Thomas Tucker		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.7854
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Service Area Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Thomas Tucker		Date of Receipt
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y
900 Omnicare Center City	State 7in Code	05 23 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7939
_		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Service Area Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) C. Thomas Tucker		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 06 2014
City	State Zip Code	Transaction ID : SA11AI.8021
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Service Area Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		75.00
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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) 1. Thomas Tucker		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8103
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Omnicare, Inc.	Regional Service Area Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	325.00	
Full Name (Last, First, Middle Initial) Denise Von Dohren Mailing Address 204 5 Facult Otació		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y = Y
900 Omnicare Center City	State Zip Code	05 23 2014 Transaction ID : \$411 At 7041
Cincinnati	OH 45202	Transaction ID : SA11AI.7941 Amount of Each Receipt this Period
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FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Brand Support Solutions	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Denise Von Dohren		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 06 2014
City	State Zip Code	Transaction ID : SA11AI.8023
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Brand Support Solutions	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	יששייטשמיני ויטויינים דעוני ▼	
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)		65.00
TOTAL This Period (last page this line number	· only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) 1. Denise Von Dohren		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8105 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc.	Occupation VP, Brand Support Solutions	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) 3. David H West Mailing Address 201 E. Fourth Street		Date of Receipt
900 Omnicare Center City Cincinnati	State Zip Code OH 45202	05 23 2014 Transaction ID : SA11AI.7944 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) David H West		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 06 2014
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8026 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)		60.00
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NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David H West Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 260.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Janine Wolfram Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 220.00	Date of Receipt 05 23 2014 Transaction ID : SA11AI.7948 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Janine Wolfram Mailing Address 201 E. Fourth Street 900 Omnicare Center City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 45202 C Occupation Pharmacy General Manager Aggregate Year-to-Date ▼ 240.00	Date of Receipt 06 06 2014 Transaction ID: SA11Al.8030 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)	>	60.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: FOR LINE NUMBER:							PAGE	 55	OF	63
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE						
Full Name (Last, First, Middle Initial) 1. Janine Wolfram		Date of Receipt					
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8112 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer Omnicare, Inc.	Occupation Pharmacy General Manager						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00						
Full Name (Last, First, Middle Initial) Michael Wood Mailing Address 201 E. Fourth Street 900 Omnicare Center		Date of Receipt 05 23 2014					
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7949 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	20.00					
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 220.00						
Full Name (Last, First, Middle Initial) Michael Wood Mailing Address 201 E. Fourth Street		Date of Receipt					
201 E. Fourth Street 900 Omnicare Center City Cincinnati	State Zip Code OH 45202	06 06 2014 Transaction ID : SA11AI.8031 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, Pharmacy Operations-LTC Aggregate Year-to-Date ▼ 240.00						
SUBTOTAL of Receipts This Page (optional)	•	60.00					
TOTAL This Period (last page this line number	<u> </u>						

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		56	OF	63
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	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) A. Michael Wood		Date of Receipt				
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 2014 _				
City	State Zip Code	Transaction ID : SA11AI.8113				
Cincinnati	OH 45202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer	Occupation					
Omnicare, Inc.	VP, Pharmacy Operations-LTC					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	260.00					
Full Name (Last, First, Middle Initial) 3. John L Workman Mailing Address 204 F. Fourth Street		Date of Receipt				
Mailing Address 201 E. Fourth Street 900 Omnicare Center		04 11 _2014 _				
City	State Zip Code	Transaction ID : SA11AI.7694				
Cincinnati	OH 45202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	Occupation					
Omnicare, Inc.	CEO					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) John L Workman		Date of Receipt				
Mailing Address 201 E. Fourth Street 900 Omnicare Center		04 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.7780				
Cincinnati	OH 45202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	Occupation					
Omnicare, Inc.	CEO					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	, agregate roal to bate \$					
Other (specify) ▼	1125.00					
SUBTOTAL of Receipts This Page (optional)	•	270.00				
TOTAL This Period (last page this line number	er only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	: 5	57	OF	63	
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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) 1. John L Workman		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7865 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Omnicare, Inc.	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) John L Workman Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt 05 23 2014 Transaction ID: SA11AI.7950
Cincinnati FEC ID number of contributing	OH 45202	Amount of Each Receipt this Period
rederal political committee. Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate Year-to-Date ▼ 1375.00	
Full Name (Last, First, Middle Initial) John L Workman Mailing Address 201 E. Fourth Street 900 Omnicare Center		Date of Receipt M M M / D D / Y T Y T Y T Y T Y T Y T Y T Y T Y T Y
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.8032 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Omnicare, Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation CEO Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)	•	375.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) John L Workman		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 2014
City	State Zip Code	Transaction ID : SA11AI.8114
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
Omnicare, Inc.	CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00	
Full Name (Last, First, Middle Initial) Jennifer M Yowler Mailing Address 201 E. Fourth Street 900 Omnicare Center		Date of Receipt 05 23 2014
City	State Zip Code	Transaction ID : SA11AI.7951
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Financial Processes	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Jennifer M Yowler		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8033
Cincinnati FEC ID number of contributing federal political committee.	OH 45202	Amount of Each Receipt this Period 20.00
·		
Name of Employer	Occupation	
Omnicare, Inc.	VP, Financial Processes	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)		165.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		59	OF	63
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) 1. Jennifer M Yowler		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		06 20 2014
City	State Zip Code	Transaction ID : SA11AI.8115
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Financial Processes	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) 3. Barbara J Zarowitz		Date of Receipt
Mailing Address 201 E. Fourth Street		M = M / D = D / Y = Y = Y
900 Omnicare Center		04 11 2014
City	State Zip Code	Transaction ID : SA11AI.7697
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Chief Clinical Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	346.08	
Full Name (Last, First, Middle Initial) Barbara J Zarowitz		Date of Receipt
Mailing Address 201 E. Fourth Street 900 Omnicare Center		04 25 2014
City	State Zip Code	Transaction ID : SA11AI.7783
Cincinnati	OH 45202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Omnicare, Inc.	VP, Chief Clinical Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	, agregate roar to bate \$	
Other (specify) ▼	386.08	
SUBTOTAL of Receipts This Page (optional)	•	100.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	- 6	60	OF	63
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or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	. ACTION COMMITTEE						
Full Name (Last, First, Middle Initial) A. Barbara J Zarowitz		Date of Receipt					
Mailing Address 201 E. Fourth Street 900 Omnicare Center		05 09 2014					
City Cincinnati	State Zip Code OH 45202	Transaction ID : SA11AI.7868 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	-26.08					
Name of Employer Omnicare, Inc.	Occupation VP, Chief Clinical Officer						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00						
Full Name (Last, First, Middle Initial) Barbara J Zarowitz Mailing Address 201 E. Fourth Street 900 Omnicare Center City	State Zip Code	Date of Receipt 05 09 2014 Transaction ID: SA11AI.7869					
Cincinnati	OH 45202	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	26.08					
Name of Employer Omnicare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, Chief Clinical Officer Aggregate Year-to-Date ▼ 386.08						
Full Name (Last, First, Middle Initial) Barbara J Zarowitz Mailing Address 201 E. Fourth Street		Date of Receipt					
201 E. Fourth Street 900 Omnicare Center City Cincinnati	State Zip Code OH 45202	05 09 2014 Transaction ID : SA11AI.7870					
FEC ID number of contributing federal political committee.	C 43202	Amount of Each Receipt this Period 40.00					
Name of Employer Omnicare, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation VP, Chief Clinical Officer Aggregate Year-to-Date ▼ 426.08						
SUBTOTAL of Receipts This Page (optional).		40.00					
TOTAL This Period (last page this line number	<u> </u>						

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	- 6	31	OF	63		
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	e name and address of any political committee to			
NAME OF COMMITTEE (In Full) OMNICARE, INC. POLITICAL	ACTION COMMITTEE			
Full Name (Last, First, Middle Initial) A. Barbara J Zarowitz	Date of Receipt			
Mailing Address 201 E. Fourth Street 900 Omnicare Center	05 23 2014			
City	City State Zip Code			
Cincinnati	OH 45202	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	40.00		
Name of Employer	Occupation			
Omnicare, Inc.	VP, Chief Clinical Officer			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	466.08			
Full Name (Last, First, Middle Initial) Barbara J Zarowitz	Barbara J Zarowitz			
Mailing Address 201 E. Fourth Street		M M / D D / Y Y Y Y Y		
900 Omnicare Center City	State Zip Code	06 06 2014		
Cincinnati	OH 45202	Transaction ID : SA11AI.8035 Amount of Each Receipt this Period		
_		oun or Lach necespt this Period		
FEC ID number of contributing federal political committee.	C	40.00		
Name of Employer	Occupation			
Omnicare, Inc.	VP, Chief Clinical Officer			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	506.08			
Full Name (Last, First, Middle Initial) Barbara J Zarowitz		Date of Receipt		
Mailing Address 201 E. Fourth Street 900 Omnicare Center				
City	State Zip Code	06 20 2014 Transaction ID : SA11AI.8117		
Cincinnati	OH 45202	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	40.00		
Name of Employer	Occupation			
Omnicare, Inc.	VP, Chief Clinical Officer			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General	30 0			
Other (specify) ▼	546.08			
SUBTOTAL of Receipts This Page (optional)		120.00		
TOTAL This Period (last page this line number	only)	7507.00		

SCHEDULE B (FEC Form 3X)		FOD LINE	OR LINE NUMBER: PAGE 62 OF 63				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)						
II LIVIIZED DISDUNSLIVIEN IS	for each category of the	21b	22 🔀 23 24 25 26				
	Detailed Summary Page	27	28a 28b 28c 29 30b				
Any information copied from such Reports and Staten	ents may not be sold or us	ed by any perso	on for the purpose of soliciting contributions				
or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
$ \; angle$ OMNICARE, INC. POLITICAL ACT	ION COMMITTEE						
Full Name (Last, First, Middle Initial)			Data of Bishamana				
A. THE BOOKER SENATE VICTORY	Date of Disbursement						
Mailing Address 194-196 W STATE ST		06 03 2014					
Mailing Address 194-196 W STATE ST	00 05 2014						
City	State Zip Code						
TRENTON	NJ 08608		Transaction ID : SB23.7603				
Purpose of Disbursement							
		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00				
		Type	1000.00				
Office Sought: House Disbursen							
	Primary ∑ General Other (specify) ▼						
State: NJ District: 00	Cuter (Specify)						
Full Name (Last, First, Middle Initial)							
B. THE BUDDY CARTER FOR CONC	SRESS		Date of Disbursement				
THE BODD'I CARTER TOR CONC	DIVEOU		M = M / D = D / Y = Y = Y				
Mailing Address 200 E ST JULIAN ST SUITE 603			06 16 2014				
	state Zip Code		Transaction ID : SB23.7606				
SAVANNAH Purpose of Disbursement	GA 31401						
Furpose of Disbursement		011	Amount of Each Disbursement this Period				
Candidate Name			Amount of Each Disbursement this Feriod				
		Category/ Type	2000.00				
Office Sought: Y House Disbursen	nent For:	.,,,,					
Senate	Primary General						
President	Other (specify) ▼						
State: GA District: 01							
Full Name (Last, First, Middle Initial)							
C. THE NATIONAL REPUBLICAN SE	Date of Disbursement						
M 35 A 1 1	M M / D D / Y Y Y Y Y						
Mailing Address 425 SECOND STREET NE	05 15 2014						
City S	state Zip Code						
	DC 20002		Transaction ID: SB23.7600				
Purpose of Disbursement							
		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	5000.00				
000		Type	3000.00				
Office Sought: House Disbursen							
	Primary ∑ General Other (specify) ▼						
State: District:	Culoi (Specify)						
District.							
SUBTOTAL of Disbursements This Page (optional)			8000.00				
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TOTAL This Period (last page this line number only)			8000.00				

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 63 OF 63 (check only one)				
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page					
. 1	LIVILED DISDUTISLIVILIVIS		21b	22 23 24 25 26			
		Detailed Suffillary Fage	27	28a 28b 28c X 29 30b			
Ar	ny information copied from such Reports and Staten	nents may not be sold or us	sed by any perso	on for the purpose of soliciting contributions			
	for commercial purposes, other than using the nan						
	NAME OF COMMITTEE (In Full)						
$ \ \rangle$	OMNICARE, INC. POLITICAL ACT	TION COMMITTEE					
\angle	•						
٨	Full Name (Last, First, Middle Initial)	Data of Diaburament					
A.	US BANK	Date of Disbursement					
	Mailing Address P.O. Box 1800	04 30 2014					
	5 - 12 - 12 - 10. Box 1000	2. 2011					
	City	State Zip Code		Transaction ID : SB29.7607			
	Saint Paul	MN 55101		Hansaction ID: 3B29./60/			
	Purpose of Disbursement Service Charge		004	Amount of Each Disharasans this D			
	Candidate Name		001	Amount of Each Disbursement this Period			
	Candidate Name		Category/ Type	153.66			
	Office Sought: House Disburser	ment For:	Type				
		Primary General					
	President	Other (specify) ▼					
_	State: District:	· 					
	Full Name (Last, First, Middle Initial)						
В.	US BANK			Date of Disbursement			
				M M / D D / Y Y Y Y			
	Mailing Address P.O. Box 1800		05 31 2014				
	City						
	Saint Paul	State Zip Code MN 55101		Transaction ID: SB29.7608			
	Purpose of Disbursement						
	Service Charges		001	Amount of Each Disbursement this Period			
	Candidate Name		Category/	132.08			
	Office Sought: House Disburser	nont For:	Туре	102.00			
	Office Sought: House Disburser Senate	nent For: Primary General					
	President	Other (specify)					
	State: District:	V1 == 37 ▼					
	Full Name (Last, First, Middle Initial)						
C.	US BANK		Date of Disbursement				
		M M / D D / Y M Y M Y					
	Mailing Address P.O. Box 1800	06 30 2014					
	City	State Zip Code					
	-	MN 55101		Transaction ID : SB29.7610			
	Purpose of Disbursement	22.2.					
	Service Charge		001	Amount of Each Disbursement this Period			
	Candidate Name		Category/	142.78			
			Type	142.78			
	Office Sought: House Disburser						
	Senate President	Other (specify) —					
	State: District:	Other (specify) ▼					
г	Diotriot.						
,	SUBTOTAL of Disbursements This Page (optional)			428.52			
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۱.	OTAL This Period (last nage this line number only)			428.52			